

1146556



Membership Application

NAME DOROTHY C. BALENT

MEMBER NUMBER _____

ELIGIBILITY FOR MEMBERSHIP

☐ Through employer: Son is a member☐ By being a student al/alumni of: Christopher is POA☐ Name of relative: _____ Relationship: _____☐ Dues paying member of Affinity Plus Foundation*.

*Please fill out Affinity Plus Foundation Member Acceptance Form.

PRIMARY MEMBER INFORMATION

Social Security #: _____

Driver's License #: _____

Birth date: _____ e-mail: _____

Address: _____

City: NEW BRIGHTON State: MN Zip: 55112Lived in another state in the last 5 years: No Yes, where?: _____

Home Phone: _____

Work Phone: _____ ext.: _____

Employer: _____

Title/Occupation: _____

Nearest relative not living with you: _____

Phone: _____ Relation: _____

JOINT OWNER INFORMATION

Name: _____

Social Security #: _____

Driver's License #: _____

Birth date: _____ ☐ Address/phone same as primary

Employer: _____

Title/Occupation: _____

☐ For all accounts ☐ For only: _____

PAYABLE ON DEATH Beneficiary Designation

Name: _____

Address: _____

Social Security #: _____ Birth date: _____

BASIC SERVICES WANTED

- ☐ Membership Savings Account (\$10 minimum balance)
☐ Checking (choose one): ☐ Free ☐ Progressive ☐ Free2BU™
 Participation Checking™: ☐ Better Than Free ☐ Interest Reward

Starting Check #: _____

☐ Debit Card☐ Free Overdraft Protection and/or line of credit**

**There is no annual fee for an overdraft line of credit. Interest charges will apply.

I would like more information on the following _____

NEW CHECKING ACCOUNT

Have you had a transaction account at this or another financial institution within the last 12 months? ☐ Yes ☐ NoHave you had a transaction account closed by a financial institution without your consent in writing within the last 12 months? ☐ Yes ☐ NoHave you been convicted of a criminal offense because of the use of a check or other similar item within the last 24 months? ☐ Yes ☐ NoHave you lived in another state within the last five years? ☐ Yes ☐ No

Taxpayer Certification And Backup Withholding Info

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the credit union and under penalties of perjury, that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/our correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding, and that I am unless designated below, a U.S. person (including a U.S. resident alien).

☐ I am not a United States citizen or resident (complete W-8 form)☐ I am subject to backup withholding

X Dorothy C. Balent POA 10/15/2013
 Applicant Signature Date

By submitting this application, I certify that I will be receiving my periodic statements electronically through Access Plus Online Banking. I understand that I will be supplied a user agreement within the Terms and Conditions of the account that complies with the E-Sign Act. I will continue to receive paper statements until I have successfully logged into Access Plus Online Banking. Upon confirmation of accessibility, I will begin receiving my periodic statements electronically. I may withdraw my consent for electronic statements by contacting Affinity Plus at any time.

By signing below, I understand I am applying for membership in Affinity Plus Federal Credit Union and am instructing the credit union to open in my name the accounts checked above. I certify that the information provided on this agreement is true and correct and that the terms on this agreement apply to all accounts. I certify that my Social Security Number is correct. I understand I will receive separate and full account disclosures, a rate sheet and fee information. I agree to the rules and policies of Affinity Plus Federal Credit Union and applicable account terms and conditions as amended from time to time. I authorize Affinity Plus Federal Credit Union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The credit union may charge or set off any and all liabilities (individual or joint) the account owner(s) may have with the credit union at any time the credit union, in good faith, believes the prompt payment of the liabilities is in jeopardy. I have enclosed at least \$10 to establish my membership in the credit union, plus the required deposits for any other accounts I wish to open. If I opened a checking account, I will be sent my first box of checks, my Visa Debit Card and PIN, as well as a STAR/Access Plus PIN. I understand that all loans are subject to credit approval.

X Dorothy C. Balent POA 10/15/2013
 Primary Member Signature Date

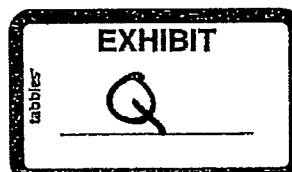
X _____ 10/15/2013
 Joint Member Signature Date

USA Patriot Act
 To help the U.S. government fight the funding of terrorism and money laundering, federal law requires all financial institutions to obtain, verify, and record information that identifies each customer of new member, such as your name, address, and driver's license. To protect your Affinity Plus accounts from any type of fraudulent activity, please be aware you will be asked to show identification for future transactions.



Membership Application

CONFIDENTIAL



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